

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056771

FILED
May 11, 2008
Secretary of State

Entity Name: SANCERRE LLC

Current Principal Place of Business:

4281 25TH STREET
SAN FRANCISCO, CA 94114

New Principal Place of Business:

Current Mailing Address:

4281 25TH STREET
SAN FRANCISCO, CA 94114

New Mailing Address:

FEI Number: 52-2422114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHABOT, DAN
3331 CROSSINGS CT.
#102
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEEDS, MICHAEL
Address: 4281 25TH STREET
City-St-Zip: SAN FRANCISCO, CA 94114

Title: MGRM () Delete
Name: YEE, REBECCA
Address: 4281 25TH STREET
City-St-Zip: SAN FRANCISCO, CA 94114

Title: MGRM () Delete
Name: LEEDS, DAVID
Address: 3517 SW HANFORD STREET
City-St-Zip: SEATTLE, WA 98126

Title: MGRM () Delete
Name: BETZ, KAREN
Address: 3517 SW HANFORD STREET
City-St-Zip: SEATTLE, WA 98126

Title: MGRM () Delete
Name: CHABOT, CHRISTIAN
Address: 2517 E. HELEN STREET
City-St-Zip: SEATTLE, WA 98112

Title: MGRM () Delete
Name: CHABOT, ANGELA
Address: 2517 E. HELEN STREET
City-St-Zip: SEATTLE, WA 98112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL LEEDS

MGRM

05/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date